

APPLICATION FOR COMMERCIAL PEDAL CAR DRIVER

COVERING THE PERIOD OF APRIL 1, 20____ THROUGH MARCH 31, 20 ____

PLEASE TYPE OR PRINT. Complete the entire application. You may attach supporting documents if needed, but you must still complete all questions; or your application will be deemed incomplete and may not be processed.

Name of Applicant:	Date of Birth:						
Address:		City, State & Zip:		You Must be at least			
		ary, are at 2.p.		18.			
	T	Ţ					
Company Name:	Cell Phone		Work Phone:				
THE FOLLOWING ITEMS <u>MUST</u> ACCO	MPANY THE COMP	LETED APPLI	CATION				
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 To Qualify for the Commercial F License or a Valid Driver's Licen 							
License of a valid Driver's Licen	ise iroin Another Sta	ite allu be at it	east 10 years or ag	;e. 			
2. License Fee - \$20.00 for a One (1) Year License.							
Make check or money order payable to City of Rochester and return to the office of the City Clerk, Room 135, 201							
4th Street SE, Rochester, MN 55904.							
I hereby certify that the information provided herein is true and correct to the best of my knowledge and							
Belief, and that the Common Council of the City of Rochester may rely on the accuracy of such information							
provided in determining whether or not a license should be issued.							
Signature of Applicant Date of application							
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RIGHTS OF SUBJECTS OF GOVERNMENT DATA LICENSE AND PERMIT DATA

"TENNESSEN WARNING"

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; Private information is that information which is available to you, not to the public: and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

PUBLIC – NAME AND ADDRESS OF APPLICANT(S) AT THE TIME OF APPLICATION PRIVATE – SOCIAL SECURITY INFORMATION, BIRTH DATE INFORMATION

(MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of Rochester License or Permit If you do not supply the required information, the City of Rochester will not be able to determine your eligibility.

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the deferred assessment program. Persons or agencies with whom this information may be shared include:

CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

THE RIGHT TO SEE AND OBTAIN COPIES OF THE DATA MAINTAINED ON YOU.
THE RIGHT TO BE TOLD THE CONTENTS AND MEANING OF THE DATA.
THE RIGHT TO CONTEST THE ACCURACY AND COMPLETENESS OF THE DATA.

To e	exercise these rights,	, contact the City	Clerk's Office, F	Room135, City I	Hall, Rochester, A	An. 55904
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I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

(Signature of Data Subject)	(Date)	

White Copy - City Clerk's Office

Buff Copy - Applicant